

AETNA PLANS and HORIZON PLANS										
	Aetna Freedom10 NJ DIRECT10	Aetna Freedom15 NJ DIRECT15	Aetna Freedom1525 NJ DIRECT 1525	Aetna Freedom2030 NJ DIRECT2030	Aetna Freedom2035 NJ DIRECT2035	Aetna HMO Horizon HMO ¹	Aetna HMO1525 Horizon HMO ¹ 1525	Aetna HMO2030 Horizon HMO ¹ 2030	Aetna HMO2035 Horizon HMO ¹ 2035	Aetna Value HD1500* NJ DIRECT HD1500*
Medical Cost Sharing										
Primary Care Copayment	\$10	\$15	\$15	\$20	\$20	\$10	\$15	\$20	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child**	\$35	\$10	\$25	\$30/adult \$20/child**	\$35	
Emergency Room Copayment	\$25	\$50	\$75	\$125	\$300	\$35	\$75	\$125	\$300	
In-Network Deductible ²					\$200 ⁹				\$200 ⁹	\$1,500
In-Network Coinsurance ³	10% ³	10% ³	10% ³	10% ³	20% ⁹ after deductible				20% ⁹ after deductible	20% after deductible
In-Network Coinsurance Maximum - Individual		\$400	\$400	\$800	\$2,000				\$2,000	\$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1000	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$1,000
Out-of-Network Deductible (Individual) ²	\$100	\$100	\$100	\$200	\$800					See In-Network Deductible ⁴
Out-of-Network Coinsurance (Individual) ⁵	20%	30%	30%	30%	40%					40%
Out-of-Network Out-of-Pocket Maximum (Individual) ²	\$2,000	\$2,000	\$2,000	\$5,000	\$6,500					\$2,000
Out-of-Network Inpatient Hospital Deductible			\$200/stay	\$500/stay	\$600/stay					
Employer Health Savings Account Funding ⁶										\$300
Prescription Drug Copayments ⁷										
Retail: Generic Copayments	\$3.00	\$3.00	\$7.00	\$3.00	\$7.00	\$3.00	\$7.00	\$3.00	\$7.00	Subject to deductible and coinsurance
Retail: Preferred Copayments	\$10.00	\$10.00	\$16.00	\$18.00	\$21.00	\$10.00	\$16.00	\$18.00	\$21.00	
Retail: Non-Preferred Copayments	\$10.00	\$10.00	\$35.00	\$46.00	member pays difference ¹⁰	\$10.00	\$35.00	\$46.00	member pays difference ¹⁰	
Mail: Generic Copayments	\$5.00	\$5.00	\$18.00	\$5.00	\$18.00 ⁸	\$5.00	\$18.00	\$5.00	\$18.00 ⁸	
Mail: Preferred Copayments	\$15.00	\$15.00	\$40.00	\$36.00	52.00 ⁸	\$15.00	\$40.00	\$36.00	\$52.00 ⁸	
Mail: Non-Preferred Copayments	\$15.00	\$15.00	\$88.00	\$92.00	member pays difference ¹⁰	\$15.00	\$88.00	\$92.00	member pays difference ¹⁰	

* **HD** = High Deductible Health Plan

** Under age 26

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² Family amounts are 2 times the individual amounts for the High Deductible Health Plans and 2.5 for all other plans.

³ On select services.

⁴ Out-of-Network Deductible is combined with In-Network Deductible.

⁵ After Deductible.

⁶ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

⁷ Local education employers can select from the SEHBP’s Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP’s Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJDIRECT2035 . Copayments for Aetna Freedom10, Aetna Freedom15, Aetna HMO, and Horizon HMO are: \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Aetna Freedom1525, Aetna HMO1525, Horizon HMO1525, Aetna Freedom2030, Aetna HMO2030, Horizon HMO2030, Aetna Freedom2035, NJ DIRECT2035, Aetna HMO2035, and Horizon HMO2035 as shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SEHBP medical plan and are subject to the plan’s deductible and coinsurance amounts.

⁸For maintenance prescription drugs, mail order is mandatory under the 2035 PPO and HMO plans (Aetna Freedom2035, NJ DIRECT2035, Aetna HMO2035, and Horizon HMO2035).

⁹Applies to services that do not require a copayment.

¹⁰You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.